

Receipt

ReedSmith_{LLP}

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SEP 06 2001

Technology Center 2600

May 17, 2001

Commissioner for Patents
Office of Initial Patent Examination
Customer Service Center
Washington, D.C. 20231

Re: Serial No.: 09/760,947
Applicant: Safra, et al.
Title: SYSTEM AND METHOD FOR
FULFILLING INFORMATION
REQUESTS
Filing Date: January 16, 2001
Docket No.: 00-40324-US

Dear Sir:

Enclosed are the following for filing in connection with the above-referenced application:

1. Request for Corrected Filing Receipt;
2. Copy of Official Filing Receipt dated April 10, 2001;
4. A self-addressed stamped postcard, return of which is requested to acknowledge receipt of the enclosed documents.

The Commissioner is hereby authorized to charge any additional fees due, or credit any overpayment to Deposit Account No. 18-0586.

Sincerely,

Carl H. Pierce
Reg. No. 45,730

2500 One Liberty Place
1650 Market Street
Philadelphia, PA 19103
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Delaware
New Jersey
New York
Pennsylvania
Virginia
Washington, DC



Docket No. 00-40324-US

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Safra, et al.

Serial No.: 09/760,947

Conf. No.: 4766

Filed: January 16, 2001

For: SYSTEM AND METHOD FOR FULFILLING
INFORMATION REQUESTS

Group No.: 2622

Examiner: Not yet assigned

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REQUEST FOR CORRECTED FILING RECEIPT

1. Attached is a copy of the official filing receipt received from the PTO in the above application for which issuance of a corrected filing receipt is respectfully requested.
2. There is an error with respect to the following data, which is:

☐ incorrectly entered

and/or

☒ omitted.

- | | Error in |
|----|---|
| 1. | <input type="checkbox"/> Applicant's name |
| 2. | <input checked="" type="checkbox"/> Applicant's address |
| 3. | <input type="checkbox"/> Title |
| 4. | <input type="checkbox"/> Filing Date |
| 5. | <input type="checkbox"/> Serial Number |
| 6. | <input type="checkbox"/> Foreign/PCT Application Re: |
| 7. | <input type="checkbox"/> Other: |

- | | Correct Data |
|----|---|
| 1. | |
| 2. | Change "Valley, PA" to --Huntingdon Valley, PA--. |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |

3. (complete the following applicable item)

A. ☒ The correction(s) is/are not due to any error by applicant and no fee is due.



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OR

CERTIFICATE OF MAILING (37 CFR 1.8)

I hereby certify that this paper, and the papers and/or fees referred to herein as transmitted, submitted or enclosed, are being deposited on the date shown below with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Office of Initial Patent Examination, Customer Service Center, Washington, D.C. 20231.

Name Carl H. Pierce

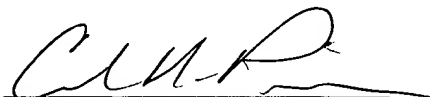
Signature 

Date of Deposit May 17, 2001

B. ☐ At least one of the above corrections is due to applicant's error and the fee therefor, under C.F.R. 1.19(h), of \$25.00 is paid as follows:

☐ Enclosed is check for \$25.00.

☐ Charge Account _____ \$25.00.



SIGNATURE OF PRACTITIONER

Reg. No.: 45,730

Carl H. Pierce

(type or print name of practitioner)

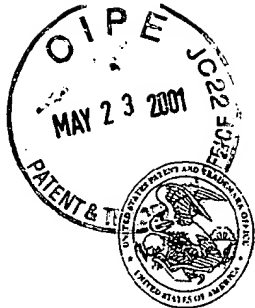
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UNITED STATES PATENT AND TRADEMARK OFFICE

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WASHINGTON, D.C. 20231
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/760,947	01/16/2001	2622	919	00-40324- US	11	56	9

CONFIRMATION NO. 4766

07066
REED SMITH SHAW & MCCLAY
2500 ONE LIBERTY PLACE
1650 MARKET STREET
PHILADELPHIA, PA 19103-7301

FILING RECEIPT



OC000000005953595

Date Mailed: 04/10/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Huntingdon Valley
Irving R. Safra, ~~Valley~~ PA;
Gary S. Rosner, Dresher, PA;

Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted 04/10/2001

Projected Publication Date: 07/18/2002

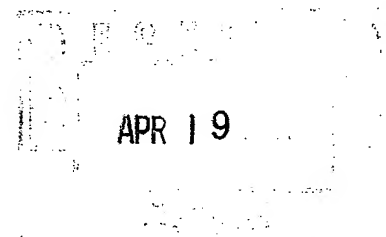
Non-Publication Request: No

Early Publication Request: No

** SMALL ENTITY **

Title

System and method for fulfilling information requests



For 04/19/01

Preliminary Class

358

Data entry by : AMARE, TSION

Team : OIPE

Date: 04/10/2001





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Bib Data Sheet

CONFIRMATION NO. 4766

SERIAL NUMBER 09/760,947	FILING DATE 01/16/2001 RULE	CLASS 358	GROUP ART UNIT 2622	ATTORNEY DOCKET NO. 00-40324-US		
APPLICANTS Irving R. Safra, Huntingdon Valley, PA; Gary S. Rosner, Dresher, PA;						
** CONTINUING DATA *****						
** FOREIGN APPLICATIONS *****						
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 04/10/2001						
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>James D. LID</i> Examiner's Signature Initials	STATE OR COUNTRY PA	SHEETS DRAWING 11	TOTAL CLAIMS 56	INDEPENDENT CLAIMS 9
ADDRESS 07066						
TITLE System and method for fulfilling information requests						
FILING FEE RECEIVED 919	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			